



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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|---|--------------------|---|---------------------------|------------------------|--|
| 1. Entity ID Number 795287 | | 2. Exact name of the Corporation Chanley's P.R. Inc. | | | |
| 3. Principal Office Address 46 providence place | | | City providence | State RI | Zip 02903 |
| 4. NAICS Code 722513 | | 6. Brief description of the character of business conducted in Rhode Island Fast food restaurant. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name David B Koo | | | Vice-President Name | | |
| Street Address 7 Lisa Lane | | | Street Address | | |
| City Nanuet | State NY | Zip 10954 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name David B Koo | | | Director Name | | |
| Street Address 7 Lisa Lane | | | Street Address | | |
| City Nanuet | State NY | Zip 10954 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIFS | PAR VALUE |
| | | 200 | | | 0 |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Representative Chantia Oh | | | | Date 5/9/19. | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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By: Oh P95DB